

FILED SEP 17 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32183

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid
(b) Township Windsor
(c) City Windsor Mo

Registration District No. 237
Primary Registration District No. 7353

Registered No. 321

(e) Length of residence in city or town where death occurred
(If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1 Emma Thomas St. Windsor Mo
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND-OF (OR) WIFE OF William Thomas
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20 - 1888
7. AGE YEARS 57 MONTHS 3 DAYS 19
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Home wife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

13. NAME Jack Hardner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Huron

15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT William Thomas
(ADDRESS) Windsor Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stumpfield DATE 9-18-43

19. FUNERAL DIRECTOR (NAME) Bussell Turner
(ADDRESS) Piggott Ark

20. FILED Seph Piggott 1943 Genda Macom
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1943

22. I HEREBY CERTIFY, That I attended deceased from June 15 1943 to 7-31 1943
I last saw her alive on 9-1 1943 Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Brain
Other contributory causes of importance: 54 lb

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Geo. F. Johnson, M. D.
(Address) Windsor Mo

RECEIVED

District Health Office No. 2,

District File Number 943-1137

Date Filed 9-13-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.